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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special instructions to Filing Officer:	(Requestor's Name)	
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D. BRUCE
DEC 8 2010
EXAMINER

COVER LETTER

*TO: *Amendment Section Division of Corporations		
SUBJECT: IDK TRUCKING · LLC Name of Limited Liability Company		
DOCUMENT NUMBER: 20400064320		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person		
NONE		
Name of Firm/Company		
2024 BLACK HAWK STREET Address		
Address CLERMONT FL 34711 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
NFN THAKURDYAL at (917) 208-9675 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314		

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 60	8.509, Florida Statutes, the undersigned,
DRYPATTEE THAKURDYAL	, hereby resigns as
Name of Registered Agent	
Registered Agent for TDK TRUCK	ING. 2LC
Name of Limited Liabi	lity Company
2 04000064320	
Document Number, if known	
A copy of this resignation was mailed to the above list	ted limited liability company at its last known address.
The agency is terminated and the office discontinued of	on the 31st day after the date on which this statement is filed.
(Lonefatta Signatur	Shelburdyal e of Resigning Agent
If signing on behalf of an entity:	•••
DRUPATTEE	THAKURDUAL E 3
Typed or Pr REGISTERED	THAKIRDYAL THAKIRDYA
Capaci	
FILING FEES:	FLORIDA
\$ 85.00 Active \$ 25.00 Admir	e limited liability company nistratively dissolved/ voluntarily dissolved/ rawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314